

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012239

STATE FILE NUMBER

33

FILED APR 30 1959

Registration District No.

Primary Registration District No.

5054

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

BARRY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

BARRY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN WHITTIERIVER TWP #2

Inside Limits

Yes ☐ No ☒

c. CITY

OR TOWN Berryville, Ark. Rt 1

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION 6 Mi. S. Viola

Length of stay in lb

7 Mo.

d. STREET

ADDRESS 6 Mi. S. Viola, Mo.

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

JAMES

OTTO

VAUGHT

4. DATE

Month

Day

Year

OF DEATH

April 10, 1959

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED ☐ NEVER MARRIED ☐

WIDOWED ☐ DIVORCED ☒

8. DATE OF BIRTH

Oct. 14, 1906

9. AGE (In years last birthday)

52

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HRS.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mechanic

10b. KIND OF BUSINESS OR INDUSTRY

Heavy duty

11. BIRTHPLACE (City and state or country)

Barry Co., Missouri

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Jim Vaught

13b. MOTHER'S MAIDEN NAME

Maude Vaught Miller

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

11/10

16. SOCIAL SECURITY NO.

571-10-9861

17. INFORMANT

Address

Burris Vaught, Jenkins, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CORONARY THROMBOSIS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

INTERVAL BETWEEN ONSET AND DEATH

4200

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb 5, 1959

Death occurred at 12:15

to MAR 18, 1959 and last saw her alive on MAR 18, 1959

m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

H. H. Johnson D.O.

22b. ADDRESS

Cassville, Mo.

22c. DATE SIGNED

4-11-59

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-13-59

23c. NAME OF CEMETERY OR CREMATORY

Maplewood Cemetery

23d. LOCATION (City, town, or county)

Exeter, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Doyle E. Williams; Cassville, Mo.

25. DATE RECD. BY LOCAL REG.

4-14-59

26. REGISTRAR'S SIGNATURE

Grace Williams

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dr. E. Williamson

Licensed Embalmer No. 4883
P. O. Address Cassville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.